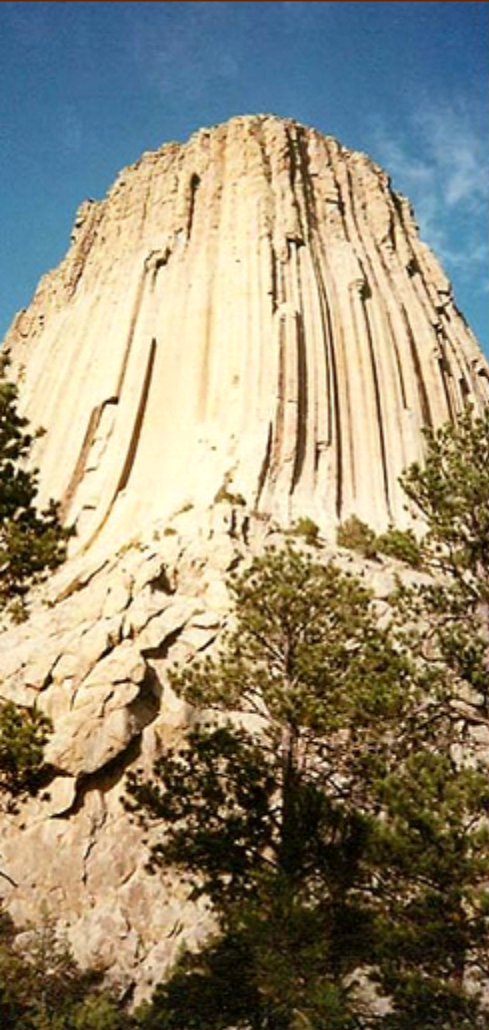


# Wyoming Workers' Safety and Compensation

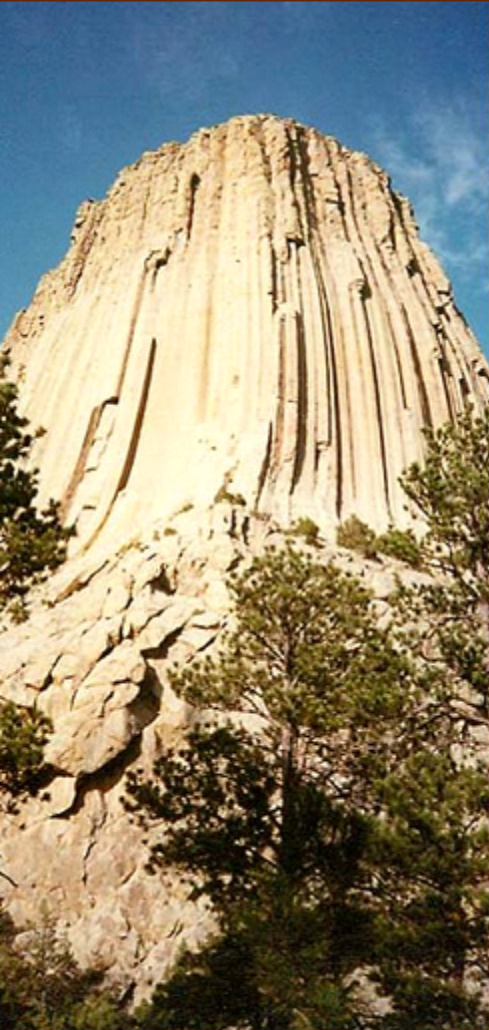
## Benefits



# Customer Service

The Division has full-time personnel who specialize in aiding employers and injured workers with claim information and problems.

Contact the Customer Service Unit during business hours at: (307)777-5476, or via e-mail at [askmewc@state.wy.us](mailto:askmewc@state.wy.us).



# Medical Benefits

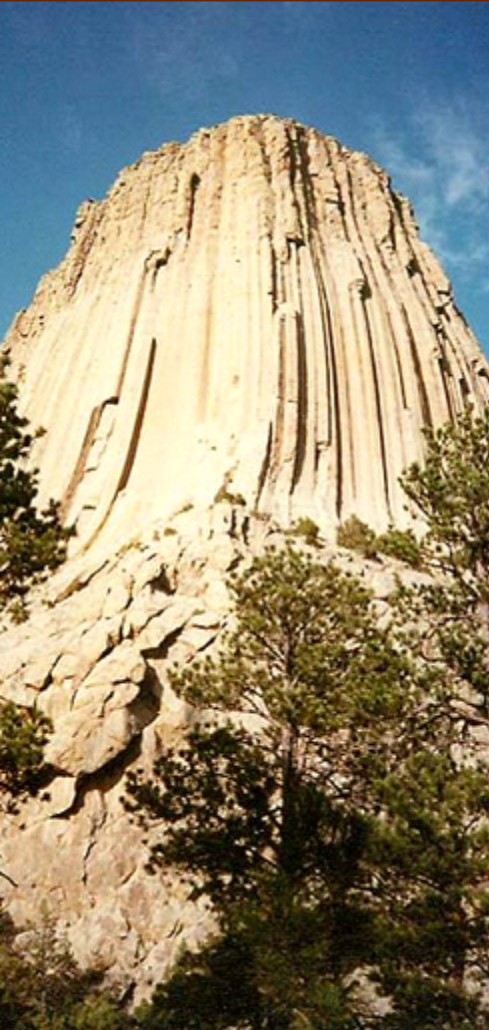
The Division will pay for medical treatment if it is:

- Directly related to injury

- Reasonable and necessary medical care

If medical benefits are not approved or questioned, you will be notified by mail.  
mail.



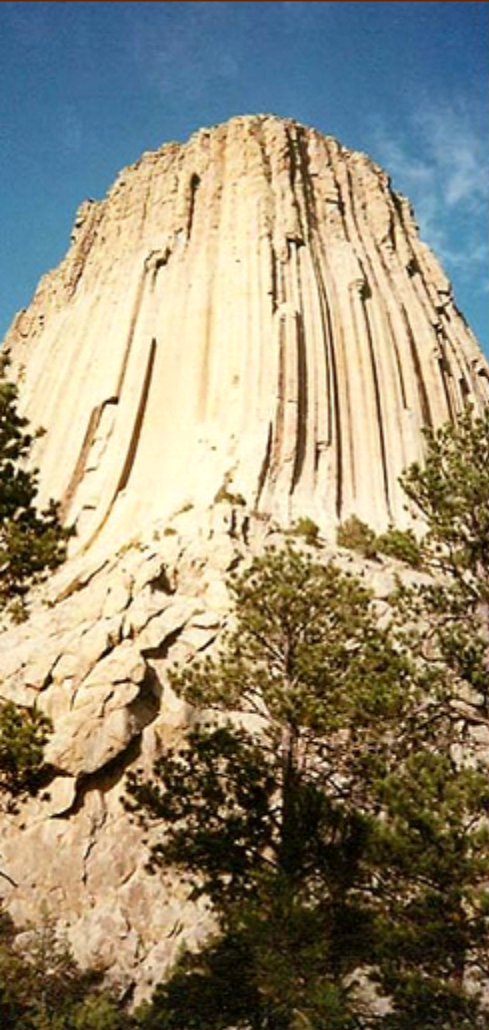


# Medical Benefits

Providers will bill the Division directly with all necessary documentation to pay claims.

Bills are reviewed and, if appropriate, are paid by a set fee schedule. You should not be billed for injury related services provided by Wyoming doctors or facilities.

Make sure your medical provider has your case number.

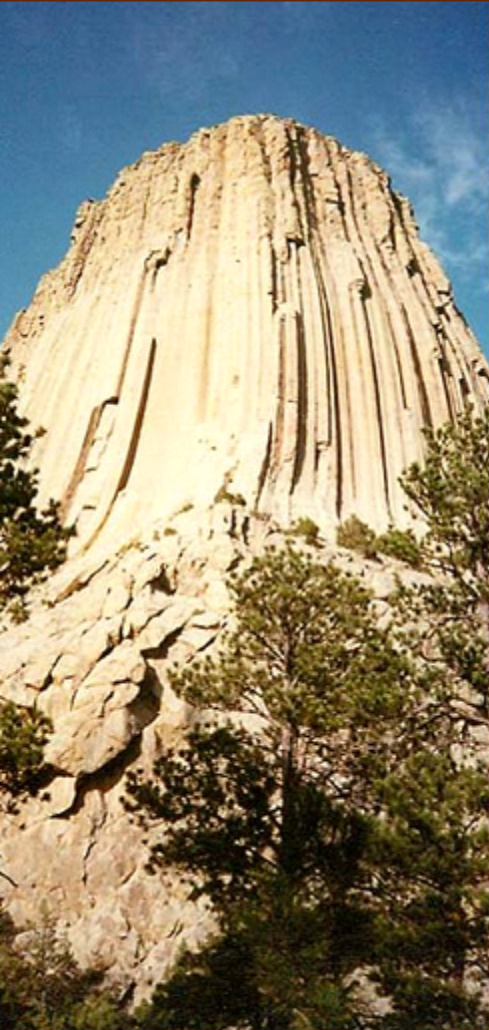


# Medical Benefits

Once you choose a primary health care provider, you may not change without prior approval by the Division or a referral from your health care provider.

Approval may be obtained by filling out a request form. Please contact your Claims Analyst to obtain a form.

You are responsible for any personal items or treatments not related to your injury.



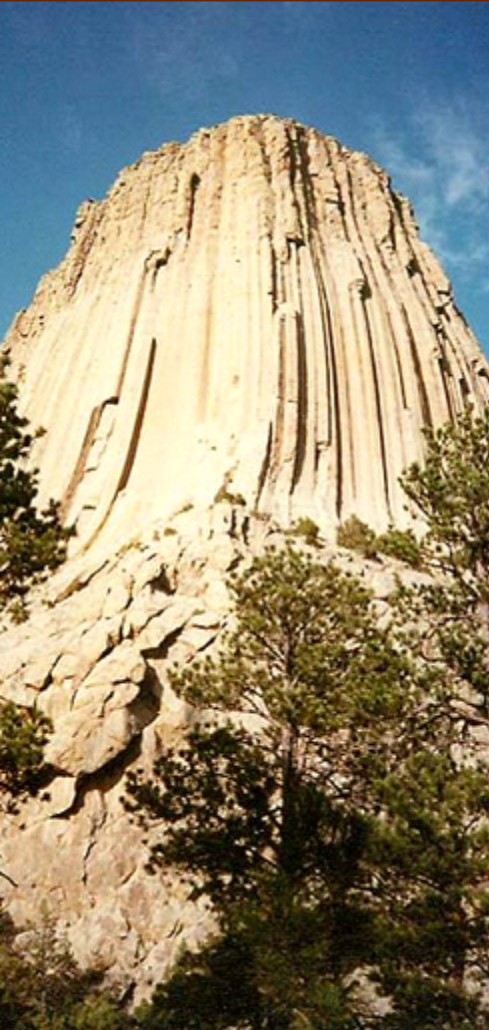
# Travel Reimbursement

Travel reimbursement will only be allowed to the nearest medical provider for the particular medical specialty.

The Reimbursement Voucher Form may be obtained at local Workers' Compensation offices, downloaded from the Website at <http://doe.wyo.gov/ProductionDocuments/WS-CD-Claims/reimb.pdf> or by calling the Division at 307-777-7441.

Reimbursement requests must be filed with the Division within one year.



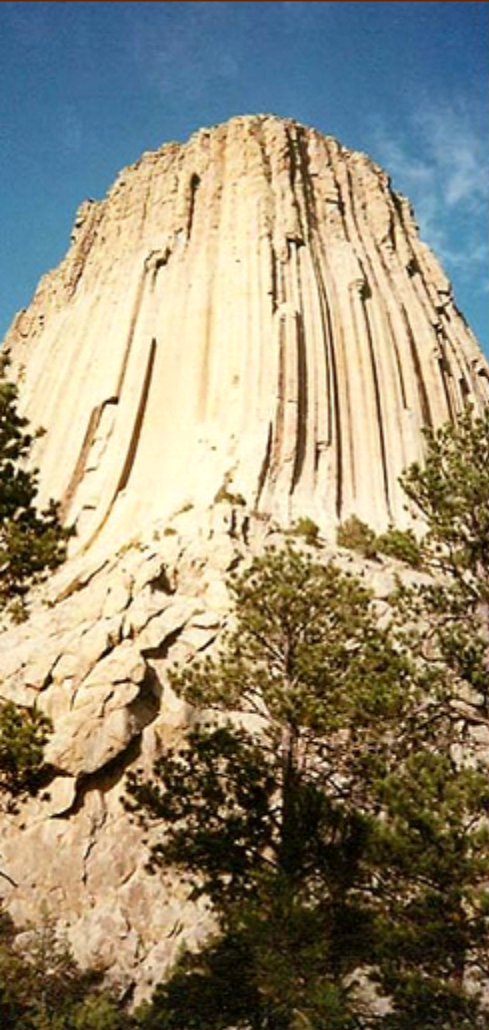


# Travel Reimbursement

Only the injured worker may be reimbursed for his/her personal travel and meals. Any persons accompanying the injured worker are responsible for their own expenses.

Reimbursement for travel is based on map mileage from city to city for distances greater than ten miles.

Requests for reimbursement of meals, motel, or other travel expenses must be accompanied by the original receipt.

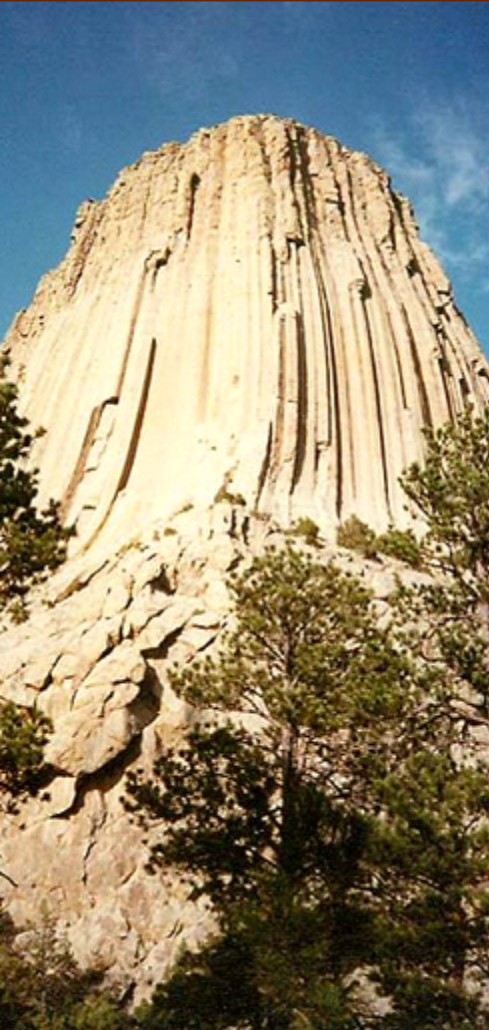


# Travel Reimbursement

Travel requiring over-night accommodations, including hotel or meal expenses, must be pre-authorized by the claims analyst. Travel, other than motor vehicle will be arranged by the claims analyst.

Trips of more than one day may be reimbursed on a per diem basis. Original receipts for meals and motel must be submitted.

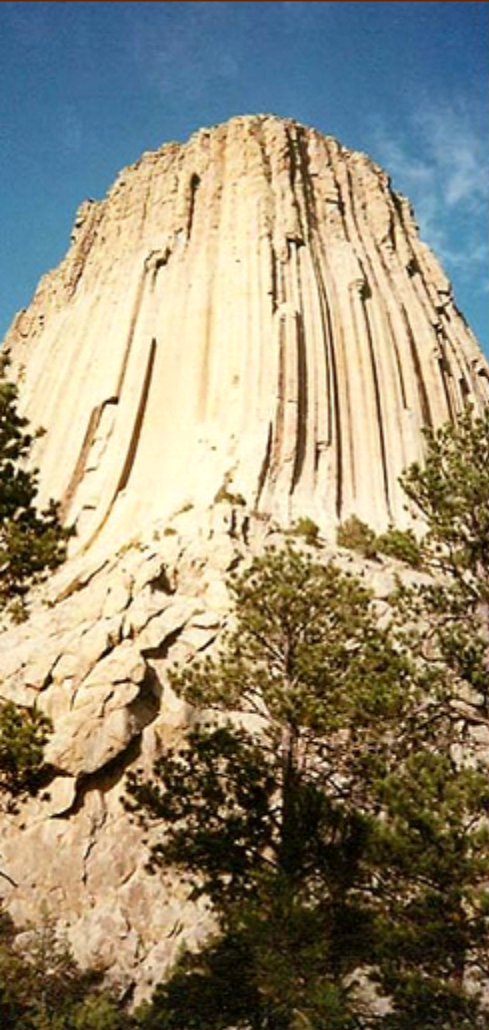




# Temporary Total Disability

Temporary Total Disability payments shall not be allowed for the first three (3) days of disability unless the incapacity extends beyond eight (8) days.

Except under extraordinary circumstances TTD will not be paid for more than 24 months.

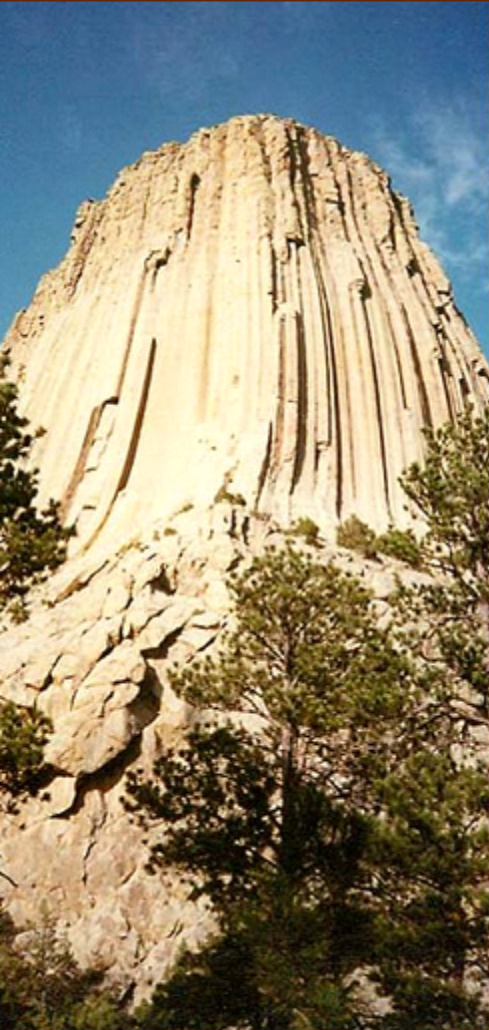


# Temporary Total Disability

TTD is paid bi-monthly at the rate of  $\frac{2}{3}$  (.6667) of the injured worker's actual monthly earnings with these exceptions.

TTD benefits will be paid at a minimum amount for of 30% of the Statewide Average Wage (SWAW), but not to exceed 100% of actual monthly earnings at time of injury.

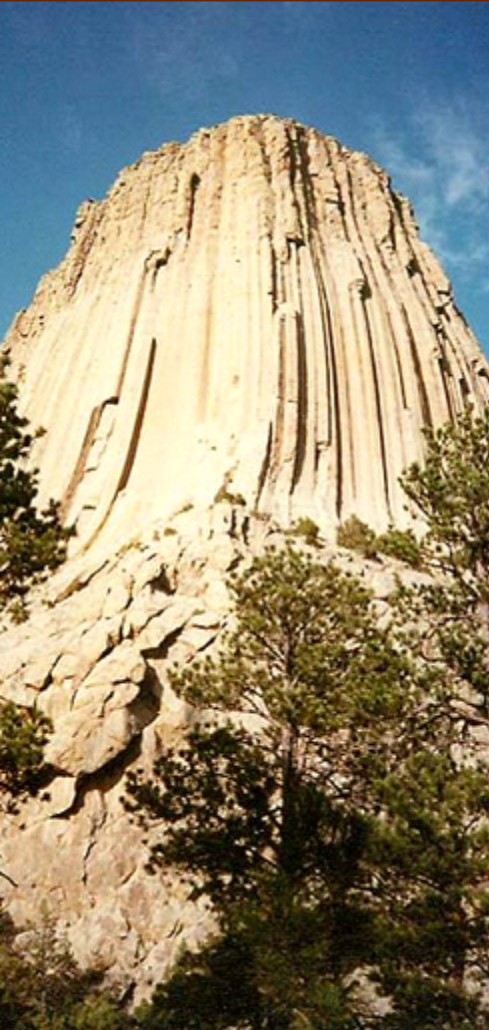
TTD cannot exceed the state's average monthly wage for the quarter of injury.



# Temporary Total Disability

Monthly benefits may increase by 3% if all of medical care is received entirely in Wyoming, or if the distance from your residence to an in-state health care provider is at least one hundred (100) miles greater than the distance from the employee's residence to an out of-state medical provider This also applies if the employer has a contractual agreement with an out-of-state health care provider.



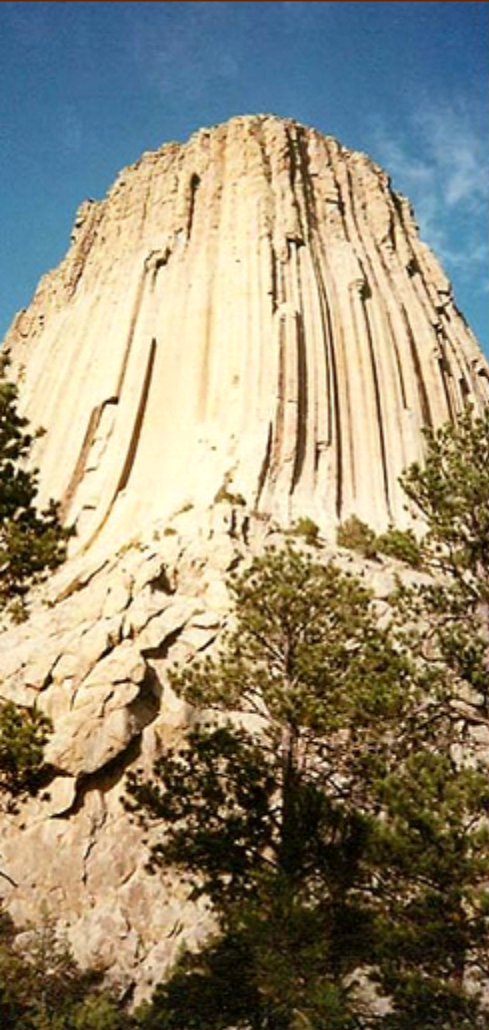


# Temporary Total Disability

All income earned must be considered in determining monthly earnings. This includes tips or other employment the injured worker may have.

Employees cannot receive Unemployment Benefits & Temporary Total Disability benefits at the same time.

Compensation benefits are *not taxable*.

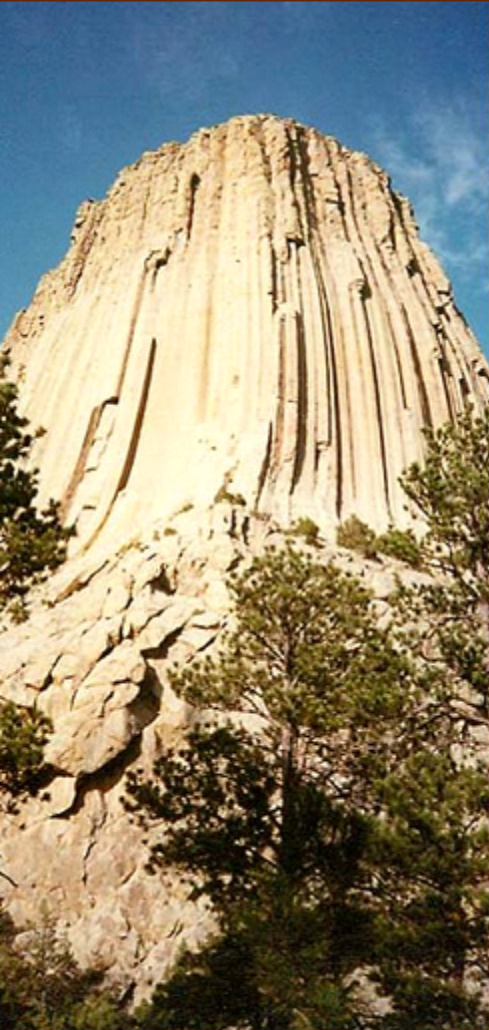


# Light Duty

Employers are encouraged to provide light or modified duty for injured workers within their medical limits to reduce benefit costs.

When an employer makes a bona fide written offer of light duty or part time work, and the employee accepts the offer, the employer's Workers' Compensation account will **not** be charged for the compensation benefits paid to the employee.

The employee's income should increase due to the fact he/she would earn wages in addition to receiving the light duty benefits from the Division.

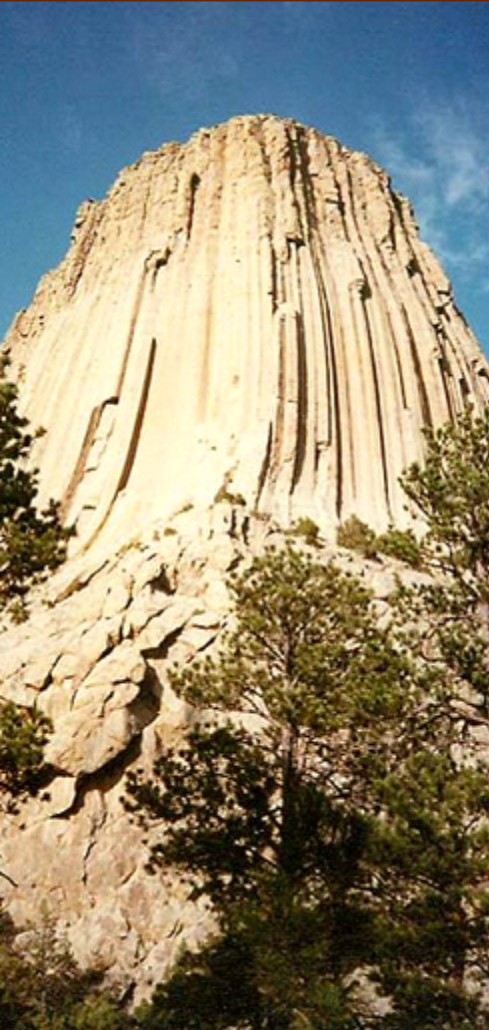


# Light Duty

The employer may pay an employee whatever wages are deemed appropriate for the light duty work to be performed.

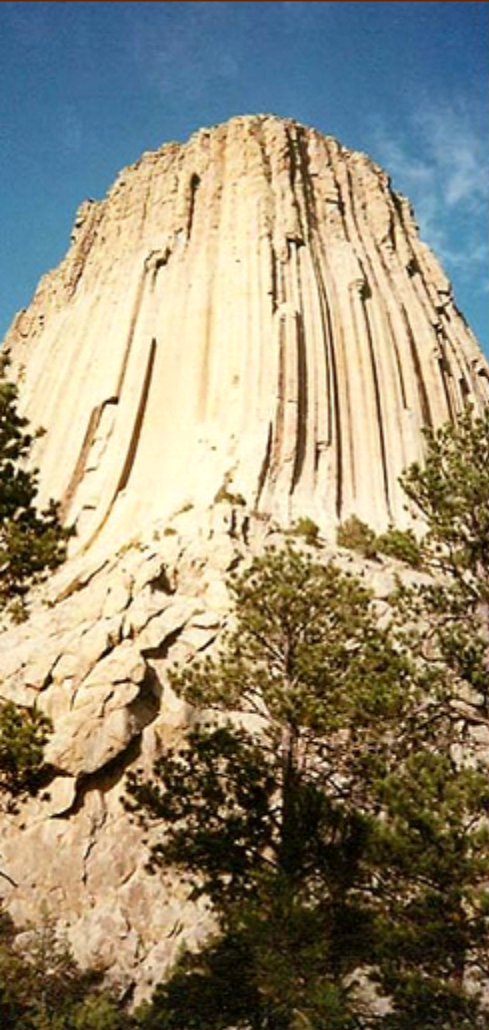
Light duty will be paid at the rate of 80% of the difference between the employee's light duty wage and the employee's actual monthly earning at the time of injury.





# Light Duty

The Temporary Light Duty work must be on the agreement form supplied by the Division, completed by the employer, certified by the treating physician and signed by the injured worker.

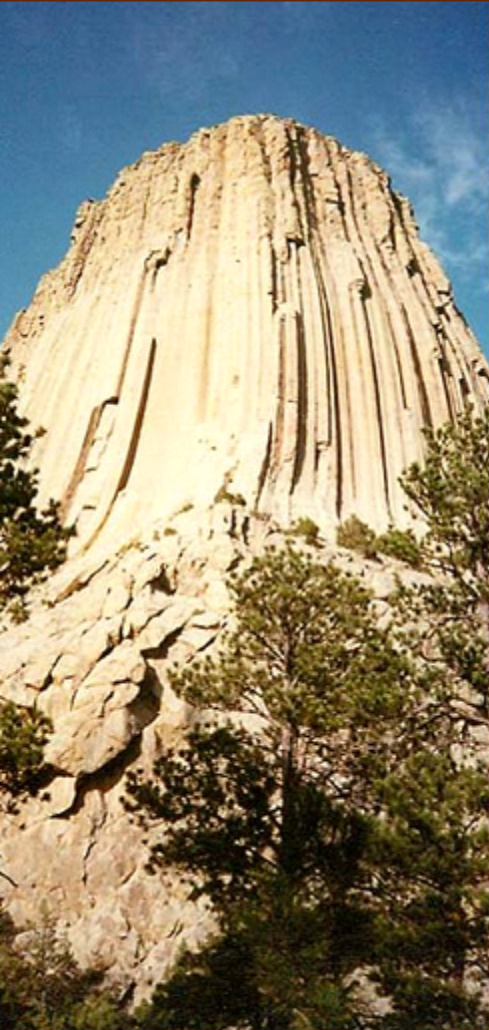


# Light Duty

Temporary Light Duty cannot exceed one (1) year cumulatively for any one injury.

If light duty lasts longer than 90 days an IME w/rating may be appropriate to determine if claimant has reached ascertainable loss.

The award shall cease if the employee's actual monthly earnings from all sources exceed 95% of the employee's actual monthly earnings at the time of injury.



# Light Duty

Should the employee refuse the TLD, payments will be reduced to 1/3 of temporary wage rate. (this will also be non-chargeable to the employer's account)

An employee may refuse a light duty offer, without consequence if written proof of enrollment in any of the following has been submitted

College

Vocation Re-training

GED

WSCD approved re-training other than pre-injury occupation





# Independent Medical Evaluations

An Independent Medical Evaluation (IME) is a medical examination performed by a licensed medical professional other than the current treating health care provider.

An Independent Medical Evaluation can be requested by the Division or by the Employer.

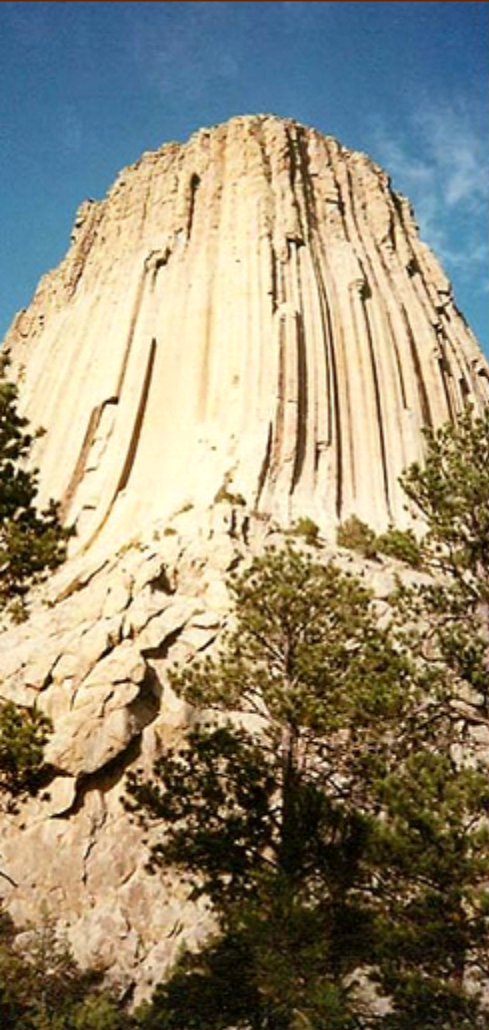
Can be used:

- As a second opinion.

- To assist the primary health care provider when current treatment seems to be ineffective.

- To clarify the current state of health of the injured worker.

- To help determine if an injured worker is ready to return to work, and what restrictions might be appropriate.



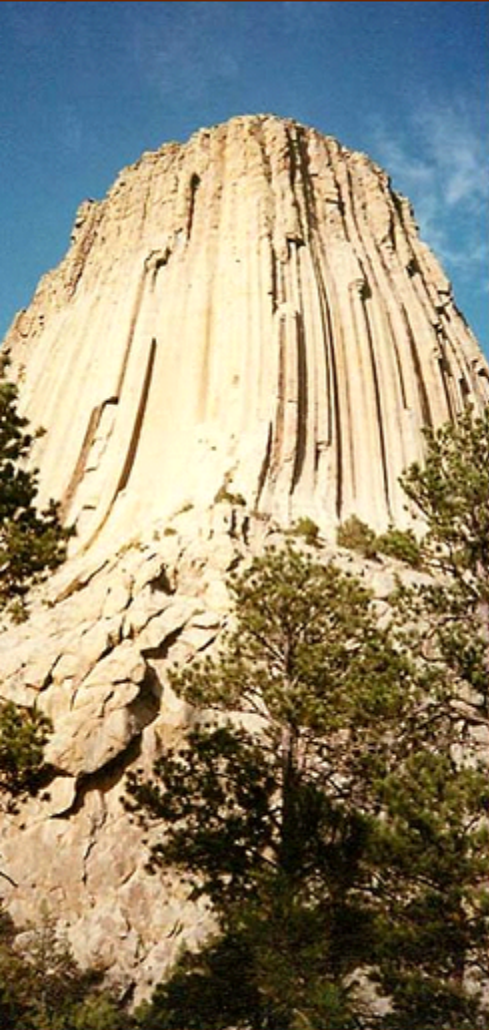
# Permanent Partial Impairment Benefits

When a worker's condition has stabilized and they have reached Ascertainable Loss (AL) status, they may qualify for a Permanent Partial Impairment (PPI) award.

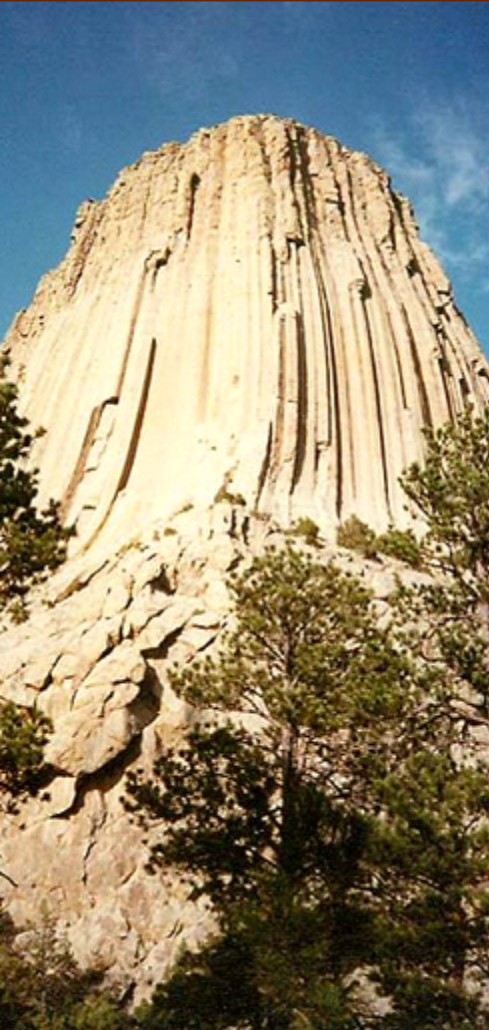
An Impairment Rating is an evaluation like an Independent Medical Evaluation, that determines what percentage of impairment the injured worker has suffered. The results of the Impairment Rating is expressed in a percentage and results in a cash award to the injured worker if the percentage is greater than zero.

# Permanent Partial Impairment Benefits

The percentage of impairment must be assigned by a physician licensed to practice medicine or surgery. The rating may come from the treating physician or from another health care provider through a referral by the Division. All impairment rating must conform to the most current edition of the AMA Guides to the Evaluation of Physical Impairment so the rating physicians are consistent in their method and determinations.





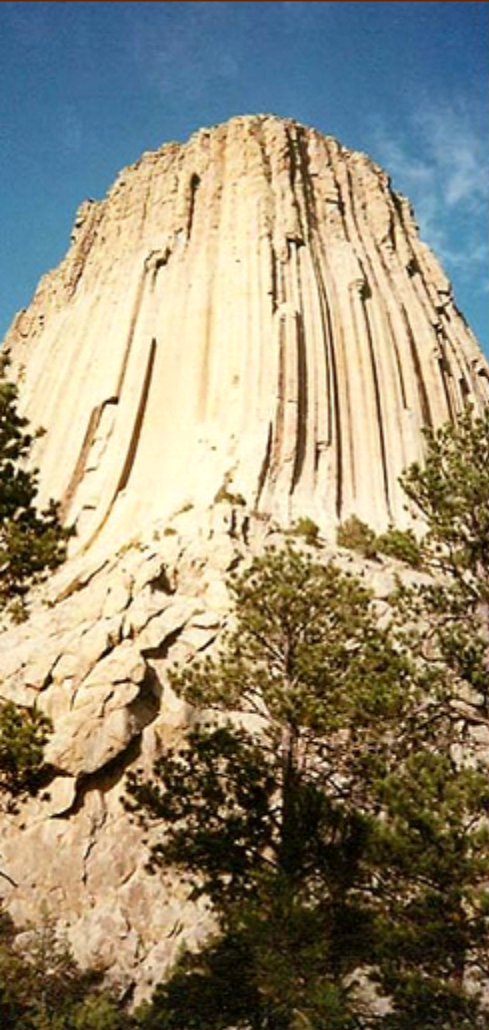


# Permanent Partial Impairment Benefits

For permanent partial impairment the award shall be calculated at the rate of two-thirds ( $\frac{2}{3}$ ) of the statewide average monthly wage for the twelve (12) month period immediately preceding the quarterly period in which the benefits are first paid

The award shall be paid as provided by W.S. 27-14-403 for the number of months determined by multiplying the percentage of impairment by sixty (60) months.

The permanent partial impairment award does not affect the injured worker's eligibility for continued medical benefits related solely to the original injury.



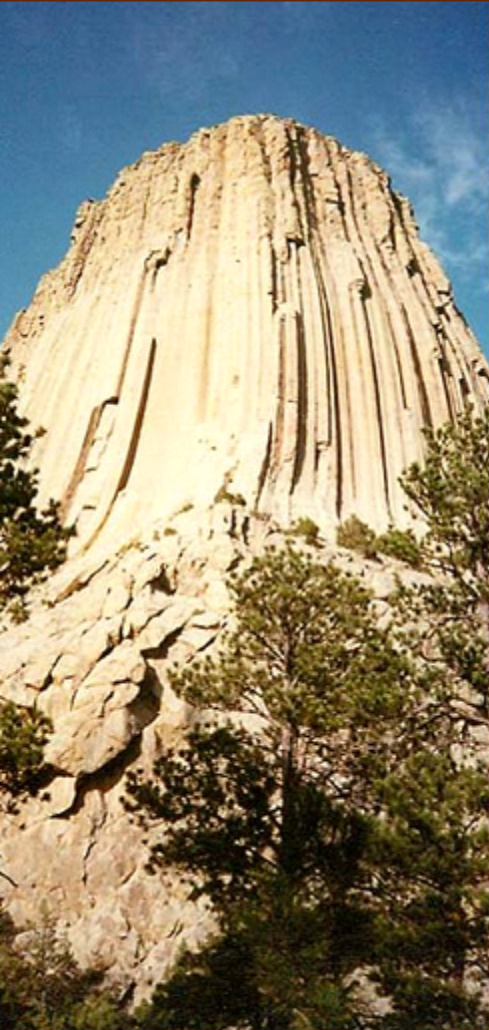
# Vocational Rehabilitation Program

Vocational Rehabilitation is one of two benefits available to an injured worker. The claimant must choose either vocational rehabilitation or Permanent Partial Disability but is not entitled to both awards because of the same physical injury. In order to qualify for this benefit the claimant must meet all the following guidelines:

The claimant has received a permanent impairment award or it is expected that the claimant will receive a permanent impairment award; **and**

The claimant is unable to return to any occupation for which he or she has previous training or experience or was gainfully employed at any time during the three (3) year period before the injury; **and**

The claimant has not previously received a Vocational Disability award for this injury.

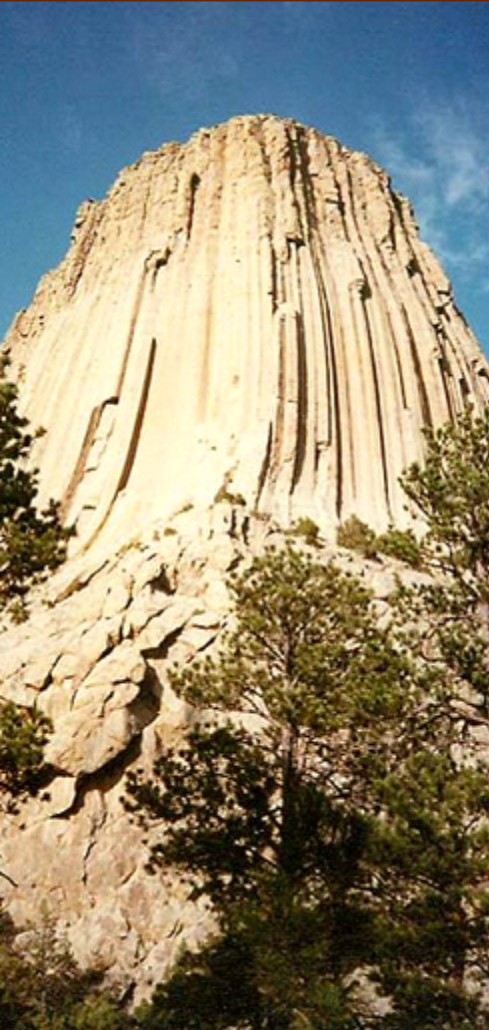


# Vocational Rehabilitation Program

The Division will review the claimants application and make a determination on eligibility. The Division will then issue a determination letter, which the claimant takes to the local Vocational Rehabilitation office to schedule an appointment with a counselor. The counselor will then work with the claimant to develop an individualized rehabilitation plan.

The Division may modify, suspend or terminate participation in the Rehabilitation program if Vocational Rehabilitation notifies the Division that the individual is not cooperating or maintaining satisfactory progress toward rehabilitation goals.



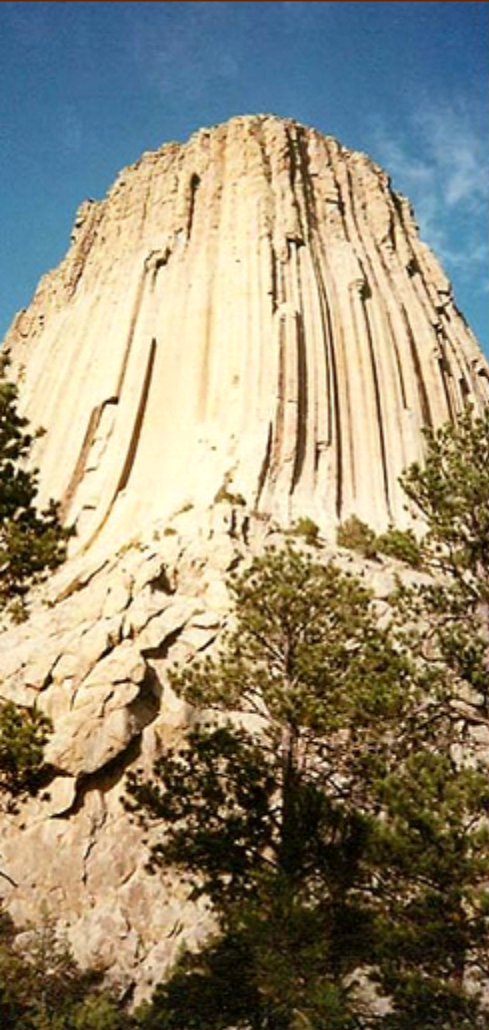


# Permanent Disability Award

This award is different from the permanent physical impairment that workers receive because of their injury. This is a monetary award that compensates claimants for not being able to return to any occupation for which they have previous training or experience. Claimants selecting this award, must meet all of the following guidelines:

Claimants must be unable to return to employment at a wage that is at least 95% of the monthly gross earnings they were earning at the time of the injury, **and**

Claimants must be actively seeking suitable work, considering their health, education, training and experience.



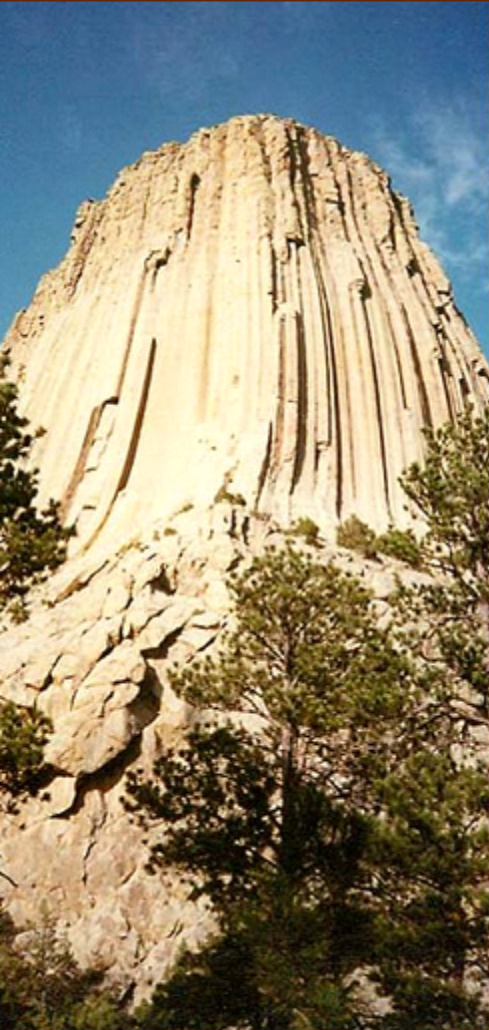
# Permanent Disability Award

To meet benefit eligibility, claimants must provide written verification that they making a continuous sustained effort to seek suitable employment. This may include but not be limited to:

Verification of weekly work search including company names, addresses, phone numbers and the name of the contact person;

Verification that they have registered for work and continue to report to an Employment Resources (Job Service) office in an effort to obtain suitable employment. Provide dates and times and to whom the injured worker reported. Submit a copy of the "Date Sheet" supplied by Job Service.

The Division may need to obtain a vocational evaluation to determine the claimants eligibility for the award.



# Permanent Disability Award

The injured worker must file an application for permanent partial disability. The Application can only be filed during the following time frames:

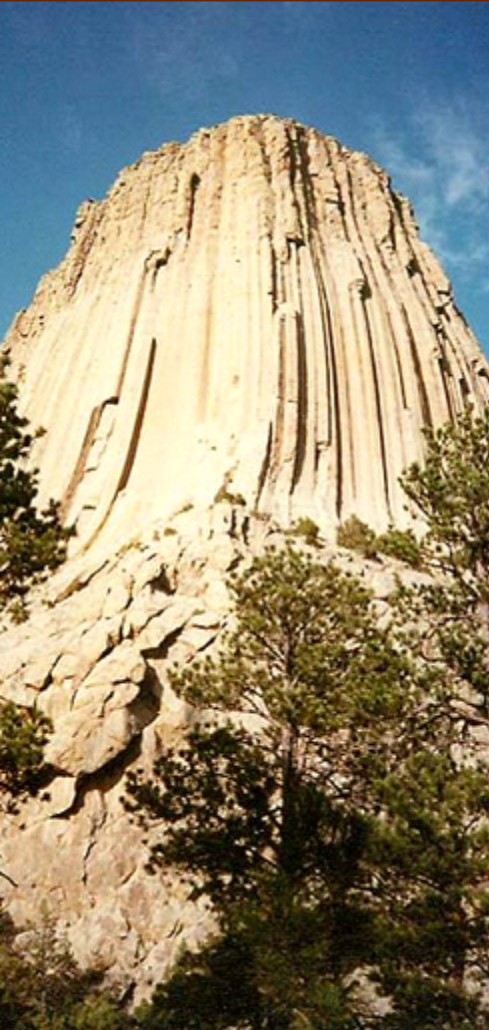
If the physical impairment payments are six months or less:

At anytime starting three months after ascertainable loss, up to 12 months later

If the physical impairment payments are seven months or greater:

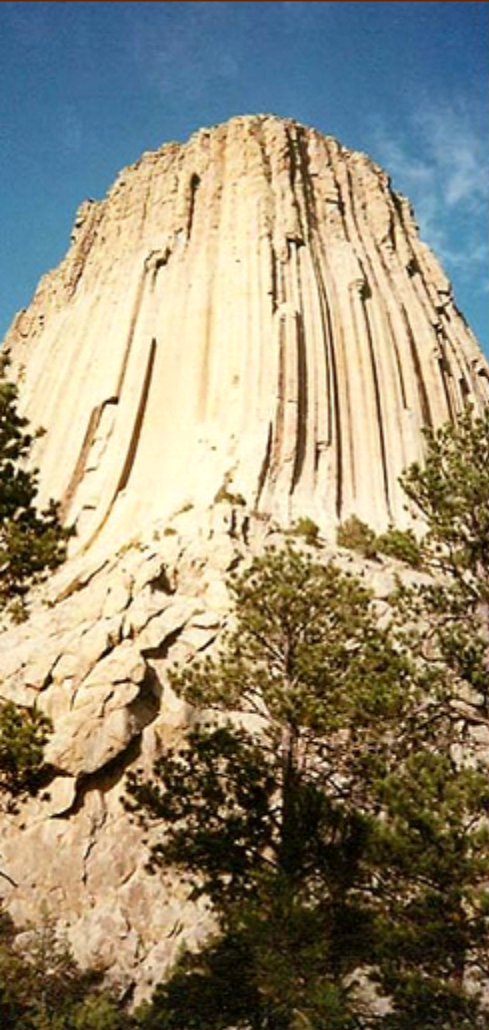
At anytime starting three months prior to the last physical impairment payment, up to nine months from the last payment.





# Permanent Total Disability

Permanent Total Disability (PTD) is a monetary benefit which compensates the worker for the permanent effects of an injury which incapacitates the worker from returning to any form of gainful employment.



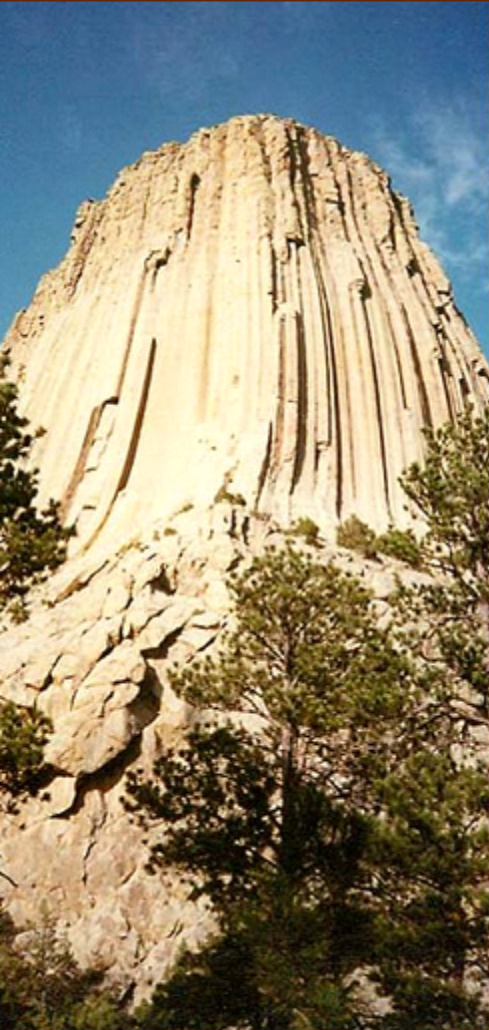
# Permanent Total Disability

A worker may qualify for PTD if:

They meet the definition of Permanent Total Disability under W.S. 27-14-102(a)(xvi).

A physician licensed to practice surgery or medicine certifies that the injury has resulted in PTD. W.S. 27-14-406(a)

The worker's vocational abilities, education and age may also be considered.



# Permanent Total Disability

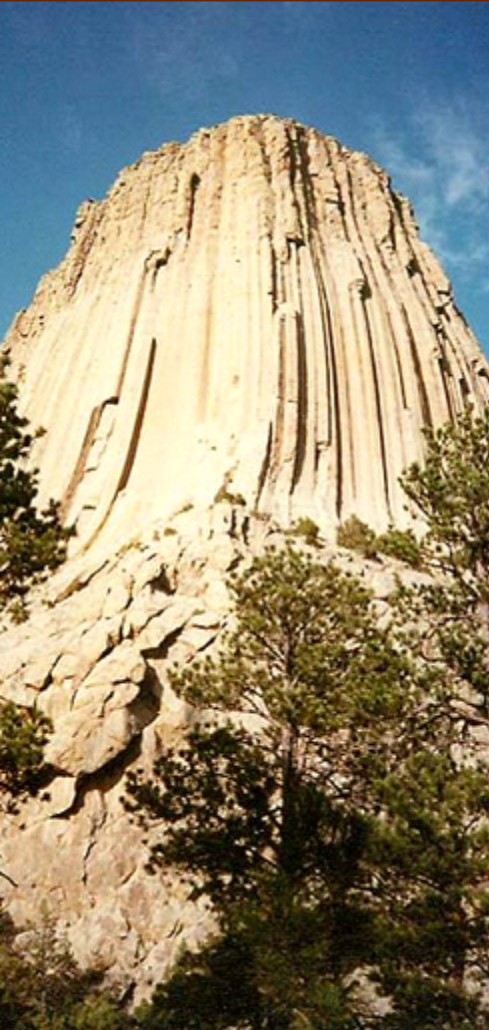
To determine the validity of a claim, a claims analyst may obtain:

Functional Capacity Evaluation (unless the claimant's physical conditions indicate otherwise)

Independent Medical Evaluation

Vocational Evaluation

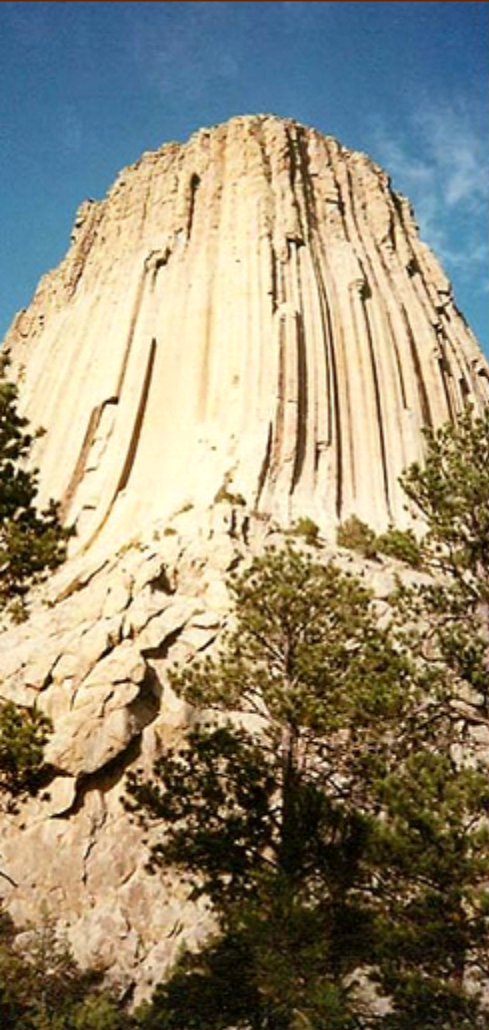




# Extended Benefits

When Permanent Total Disability benefits are exhausted, the injured worker may qualify for an extension of benefits only if they are still unable to work at any gainful employment.

Extended benefits must be applied for annually.



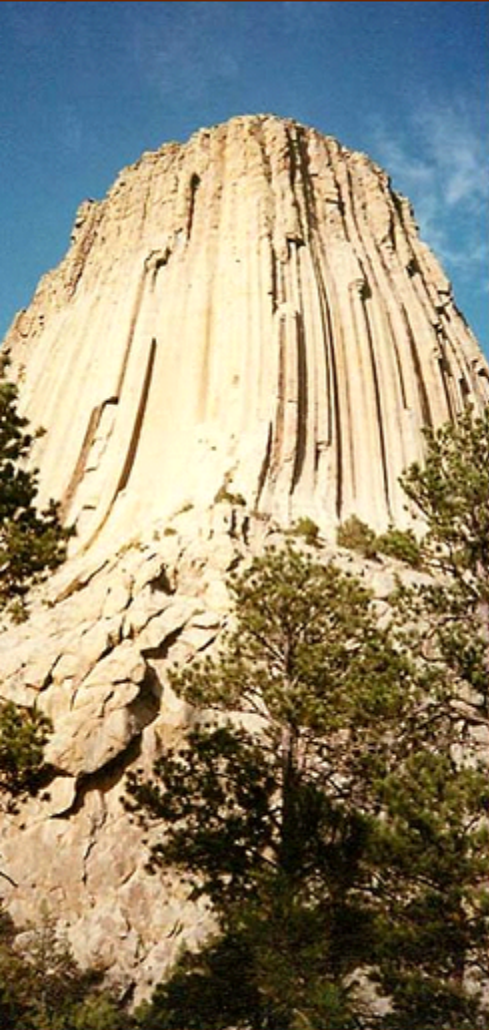
# Extended Benefits

The Extended Benefit amount is determined based on the law in effect on the date the claimant was rendered Permanently Totally Disabled or the date of death.

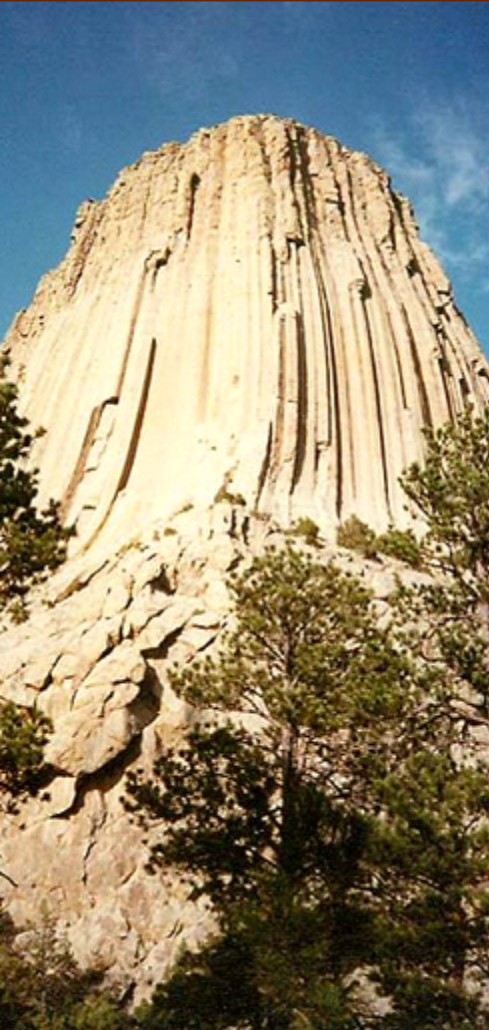
The Division may attach reasonable conditions to application for or receipt of this award such as re-training or education.

# Extended Benefits

The worker's necessary and reasonable monthly expenses may be considered in the determination of the Extended Benefits award. Necessary expenses include costs for housing, utilities, food, transportation, and insurance.





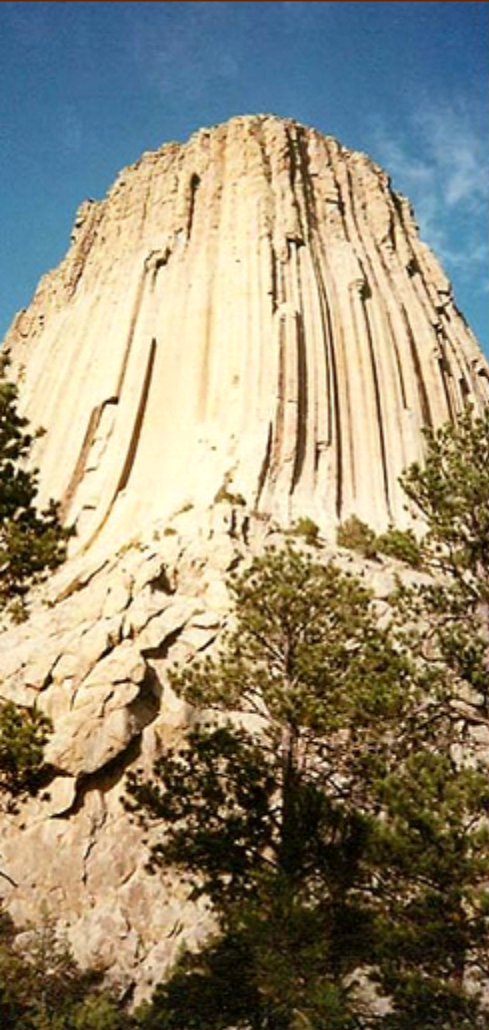


# Death Benefits

In cases of injury resulting in death, an Application for Death Benefits must be filed with the Division within one year from the date of death.

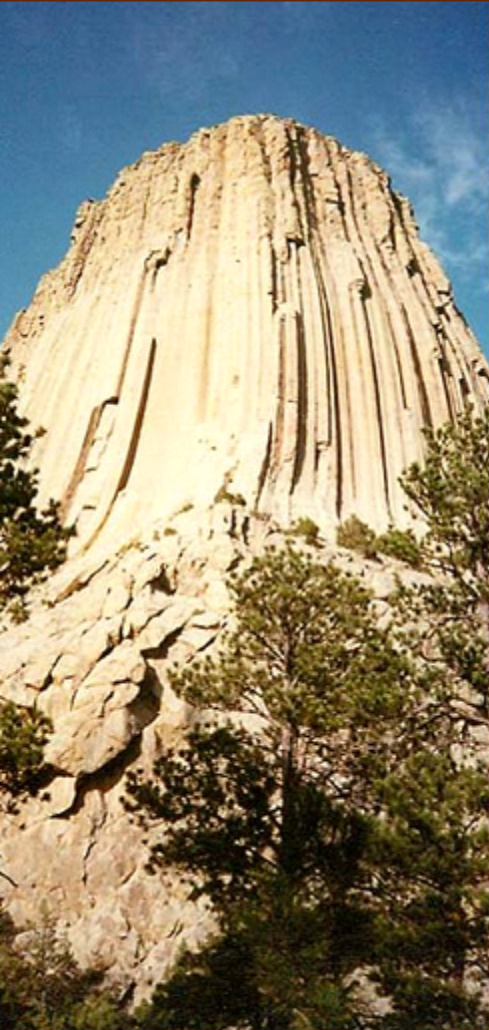
The date of death, regardless of the date of injury, will be used to determine benefits.

Dependent children's benefits are calculated to the age of 21 or the age of 25 if mentally or physically handicapped, or is enrolled in an institute of higher education.



# Death Benefits

The burial expenses of the deceased employee shall be paid in an amount not to exceed five thousand dollars (\$5,000.00) together with an additional amount of five thousand dollars (\$5,000.00) to cover other related expenses, unless other arrangements exist between the employer and employee under agreement.



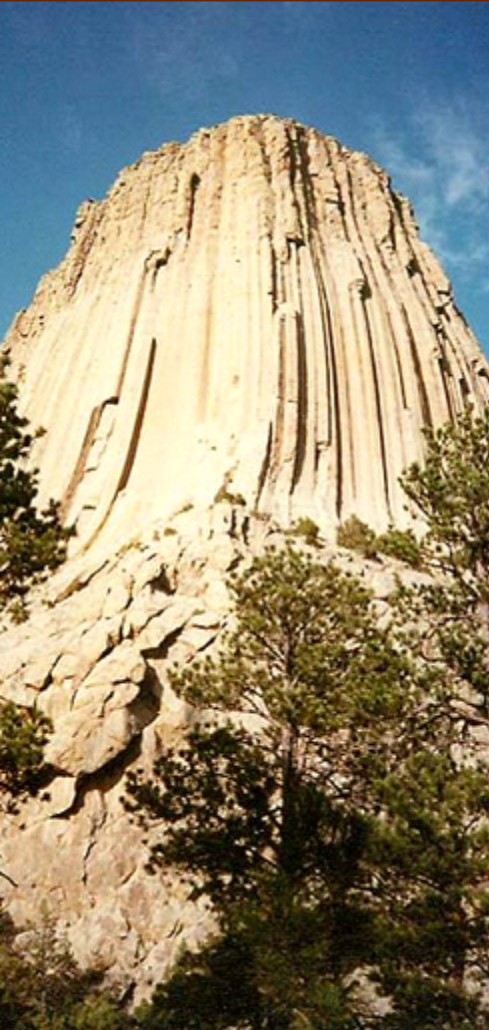
# Death Benefits

A spouse receives benefits for 100 months. If there is no surviving spouse or if the spouse remarries or dies, the balance of the award shall be paid to the surviving dependent children of the employee.

Each surviving dependent child shall receive a share of the award in the proportion that the number of months from the death or remarriage

If there are no dependents and the case is compensable it will be opened for payment of funeral and medical expenses only.





# Dependent Children Benefits

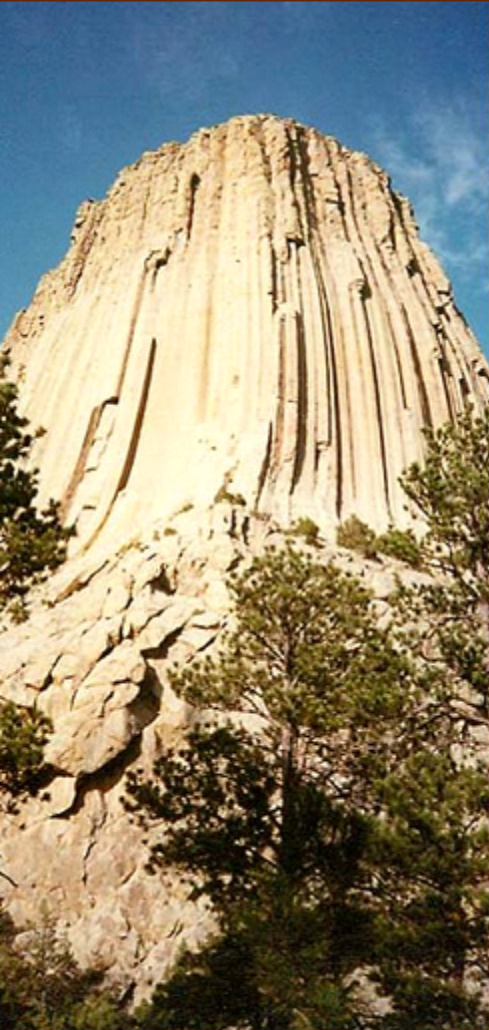
In the case of PTD or death, each child of an employee shall be paid two hundred fifty dollars (\$250.00) per month for payments made after July 1, 2009, until the child dies or reaches the age of twenty-one (21) years, whichever first occurs, or if the child is physically or mentally incapacitated until the child dies unless qualified for and receiving benefits under the Medicaid home and community based waiver program.



# Dependent Benefits

If the child is enrolled or preregistered in a post secondary educational institution including a four-year college, community college or private trade school licensed pursuant to W.S. 21-2-401 through 21-2-407 and providing career, technical or apprenticeship training, the child shall receive the amount provided by this section until the child attains the age of twenty-five (25) years.

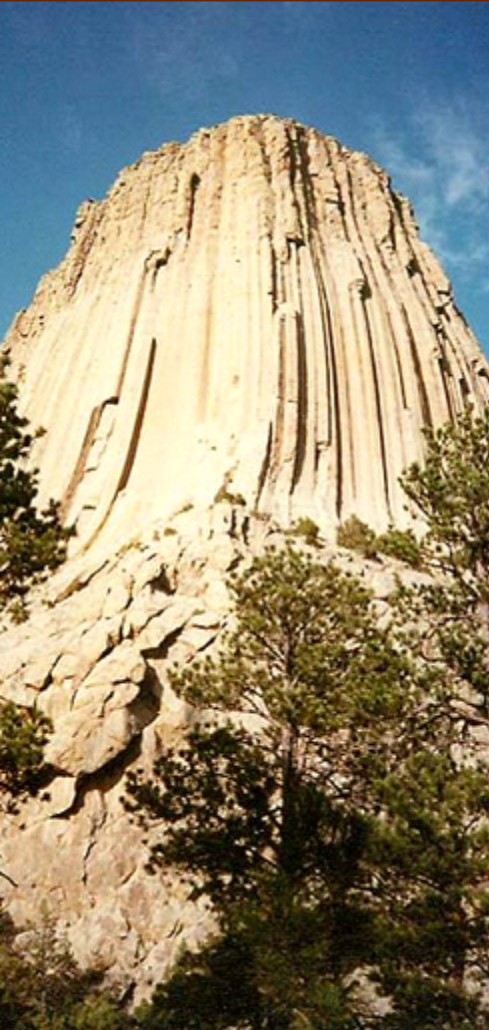
The amount awarded will be adjusted for inflation annually using the consumer price index.



# Dependent Parent Benefits

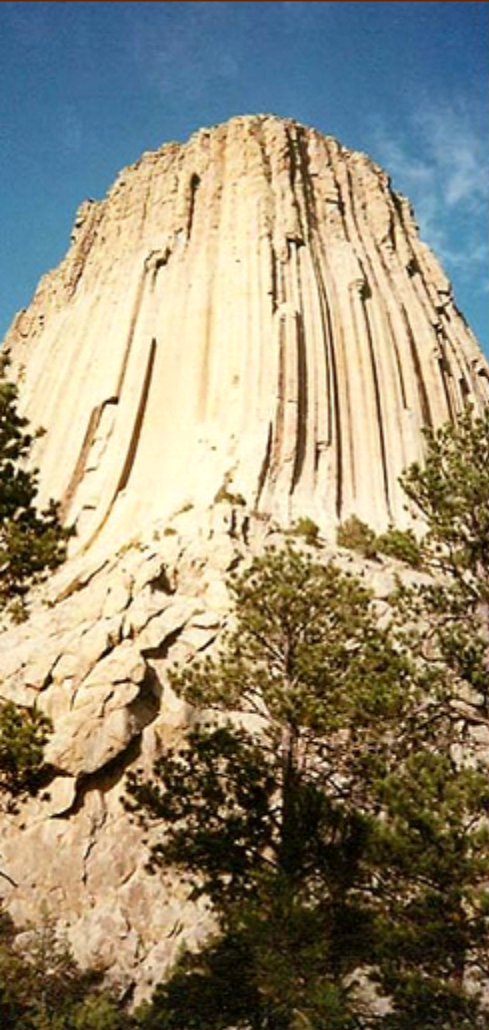
Dependent parent benefits are also available if the parent(s) can prove that at least one-half (1/2) of his or their financial support from the worker at the time of injury.





# Dependent Parent Benefits

the surviving parent or parents shall receive a monthly payment for sixty (60) months thereafter or until the parent or the survivor of them dies.



# Questions / Concerns

For additional questions or concerns about your coverage contact your Account Specialist.

For Workers' Compensation questions in general you may wish to contact our Customer Service Unit during business hours at (307)777-5476, or via e-mail at [askmewc@state.wy.us](mailto:askmewc@state.wy.us).